

The Idaho State Controller's Office
has added a new dimension to

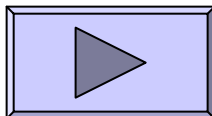
IPOPS

(Idaho Paperless Online Personnel/Payroll System)

Employee Self-Service Online Enrollment

(Employee Self-Service was introduced
in connection with Medical Open Enrollment, 2005.)

Next



Questions that are specific to your insurance enrollment or the enrollment process should be directed to the Office of Group Insurance:

Office of Group Insurance

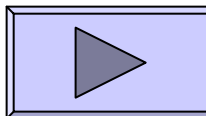
By phone in Boise: 332-1860

Outside Boise: 1-800-531-0597

By email: ogi@adm.idaho.gov

For general benefits information, contact your ISDA Human Resources staff @ 332-8520.

Next



For employees who view their pay stubs on-line, use I-Time, P-Card, Travel Express, or IPOPS, the log-on process should be familiar.

If you do not need assistance logging on, or with your User Name and Password, [Start Here](#)

For new users or people who are not familiar with the log-on process use this [link](#) for instructions and information on obtaining and using your User Name and Password.

[Link to Log-On Instructions](#)

Forgot or never had your User Name and/or Password?

State employees may request their password be reset using their own valid State of Idaho email address. At this time, for security reasons, we will not be able to accept any other email addresses.

Please include your User Name and Agency Code (ISDA=210) in your email request to:

[Password Request](#)

When you use either of the links above you will be redirected to another window and will need to exit that window and return to this presentation to continue.

When you return click [Start Here](#)

From the “Applications” menu screen choose:

“Employee Self-Service”

Logoff

When you are finished using the applications,
please logoff to disconnect your secure connection.

[Declare State Surplus Property](#)

[Employee Self-Service](#)

[GAAP Closing Packages](#)

[IPOPS](#)

[I-TIME](#)

[Online Reporting](#)

[P-Card Accounting](#)

[Pay Stubs](#)

[Travel Express](#)

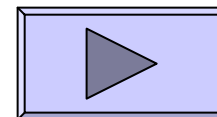
[Vendor Maintenance](#)

Change your password the first time you log on the Application Selection Menu.
Passwords are case sensitive and must be a minimum length of 6 characters.

You should use a combination of alpha and/or numeric and
upper and/or lower case characters.

Change Password

Next

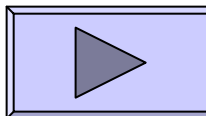


Press the Esc key to Quit

The screen to choose the “Self-Service” IPOPS application will open.



Next



Hover over (place your mouse on) the “Self-Service” icon:



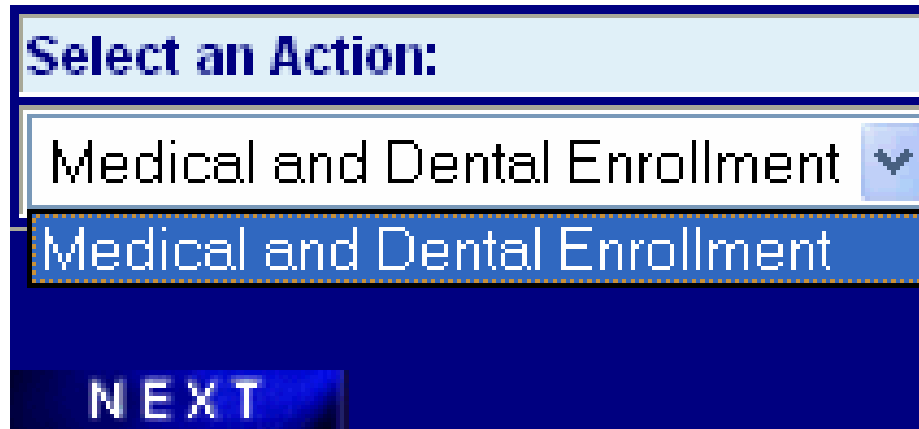
There are two options:

Views - View existing actions and complete actions that have previously been saved.

Actions - Create transactions.

(Click on the “Actions” link to begin.)

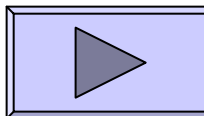
When you select “Actions” an options menu will be displayed with a drop-down arrow.

A screenshot of a software interface. At the top, there is a light blue header bar with the text "Select an Action:". Below this is a white rectangular box containing the text "Medical and Dental Enrollment" and a small blue square with a white downward-pointing arrow. Below the white box is a blue rectangular box with the text "Medical and Dental Enrollment" in white. At the bottom of the interface is a dark blue rectangular button with the text "NEXT" in white capital letters.

Currently the only action that is available is “Medical and Dental Enrollment.”

Click on the “NEXT” button in the application to open the enrollment form.

Next



About the Form

At the top of the page the following options will be displayed:



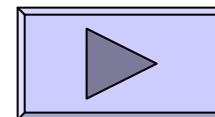
Submit – Will route the form to DSP (Division of Statewide Payroll) and allow it to be processed.

Save – Will save the document in a draft status. To access a saved document you will need to go through “VIEWS.”

Cancel – Will return you to the Main Menu without saving any changes.

Help – Will open the DSP user manual. You will be re-directed to the Employee Self-Service portion.

Next



Next there will be a banner that displays the Office of Group Insurance information:

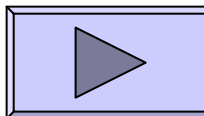
If you have questions, call:
Department of Administration
Office of Group Insurance
650 W. State Street
Boise, ID 83720-0035
208-332-1860 or
1-800-531-0597
ogi@adm.state.id.us

State of Idaho
Medical and Dental Enrollment Application



If you have questions, call:
Department of Administration
Office of Group Insurance
650 W. State Street
Boise, ID 83720-0035
208-332-1860 or
1-800-531-0597
ogi@adm.state.id.us

Next



Below the banner will be the enrollment application.

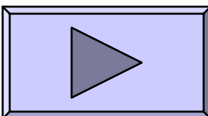
In addition to the actual changes in the form, the only other mandatory field is:

❖ Marital Status

All other fields are dependant on what you are changing.

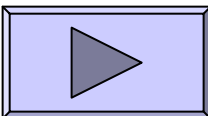
Information that is on your IPOPS employee record will be automatically populated.

Next



The following two screens are
examples of the actual
enrollment form.

Next



Application Information (Employee)

Your Name Carmen C Brooks		Blue Cross ID Number <input type="text"/>	Social Security Number 555555555	Date Of Birth 07/06/1965	<input type="radio"/> Male <input checked="" type="radio"/> Female
Mailing Address 4621 Franklin Rd		City, State, Zip Code Boise , Idaho , 83705			Phone Number <input type="text"/>
Hire 08/27/2000	Marital Status: <input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Divorced <input type="radio"/> Widowed		State Department or agency with which you are employed CONTROLLER		

COMPLETE ONLY TO DECLINE ALL BENEFITS

I hereby decline all benefits and understand they may be added at a later date subject to waiting periods and other eligibility requirements as outlined in the State of Idaho member contract and employee handbook.

☐ YES. Decline All Benefits.

Premium Only Plan Election

- ☒ Pre Tax
☐ Post Tax

Type of Enrollment

- ☒ PPO ☐ Traditional

MEDICAL

- ☒ Self only
☐ Self and spouse
☐ Self, spouse and 1 child
☐ Self, spouse and 2+ children
☐ Self and 1 child
☐ Self and 2+ children

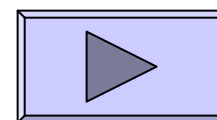
VISION¹

- ☒ Self only
☐ Self and dependents

Change Request

- ☐ Marriage ☒ Open Enrollment
☐ Divorce ☐ Add Dependent
☐ Birth ☐ Delete Dependent
☐ Death ☐ Court order (copy of court order required)
☐ Adoption

Date event occurred:

Next

Press the Esc key to Quit

Dental Enrollment* (Dental benefits and eligibility administered by DeltaDental Plan of Idaho)

☒ Self only ☐ Self and dependents

***If I decline vision and dental coverage for my dependents, I understand that they may not be added to coverage until the State of Idaho conducts a special open enrollment period.**

Prior Coverage Information (please complete for proper crediting of medical plan waiting periods.)

Has any person listed on this application been covered by any other health insurance, including Medicare, Medicaid, or other Blue Cross of Idaho policy, during the 12 months prior to the requested effective date of this application? ☐ Yes ☒ No

Current Coverage Information (Please complete for proper and coordination of benefits administration.)

Is any person listed on this application now covered by any other health insurance, including Medicare, Medicaid, or other Blue Cross of Idaho policy?
☐ Yes ☒ No

Medicare Coverage Information

Is any person listed on this application covered by Medicare? ☐ Yes ☒ No

Disability Information

Total disability is a condition resulting from disease or accidental injury, as certified in writing by an attending physician, that renders the enrollee/member incapable of performing the principal duties of regular employment/occupation for which he/she is qualified/trained and he/she is not engaged in any work, profession or avocation for fees, gain or profit; or he/she is unable to engage in the normal activities of an individual of the same age and gender.

Are you or any of your dependents currently totally disabled? ☐ YES ☒ NO

Next

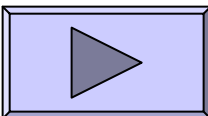


Press the Esc key to Quit

When you are working in the form, you will be working with three different types of fields:

- ❖ Text Boxes
- ❖ Radio Buttons
- ❖ Drop-Down Menus

Next



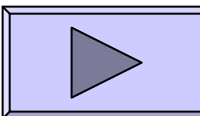
Blue Cross ID Number

Text Boxes:

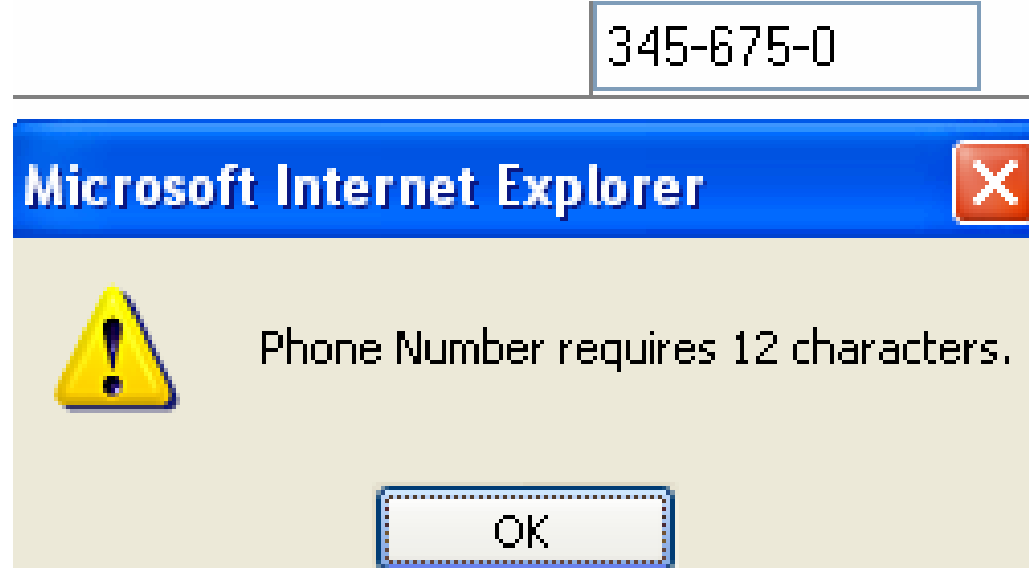
For text boxes you will need to type in a value.

- ❖ There are error messages if a specific format is required.
- ❖ If the field requires a numeric value, you will not be able to type alpha characters.
- ❖ If the field requires an alpha response, you will not be able to type numbers.
- ❖ Special characters are not allowed.

Next



For Example:



Click OK.

Delete the information in the box by pressing the Delete key.

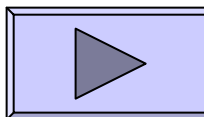
Type in the new value.

Note: Type-over is only allowed if the entire text box is highlighted, such as:



Press the Esc key to Quit

Next



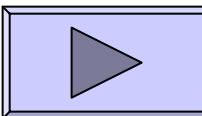
Radio Buttons or Boxes – For items that have these options, you need to check the appropriate box to indicate the desired value.

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed

Or

☐ YES. Decline All Benefits.

Next



Depending on the option selected, additional fields may be needed.

For example:

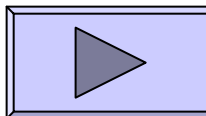
When the “Married” option is selected, options will be displayed for the marriage type and also a text box to enter the date.

Marital Status: ☐ Single ☒ Married ☐ Divorced ☐ Widowed

Common Law: ☒ Yes ☐ No

Date of Marriage

Next

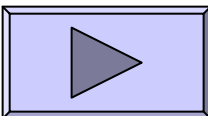


Drop-Down Boxes – For items that have these options, you need to select the appropriate response by clicking on the desired value.



If an item is selected and needs to be changed or removed, you can do that by clicking on the drop-down and selecting a different option, or by selecting the blank at the top of the box.

Next



There is one additional feature you may need to use.

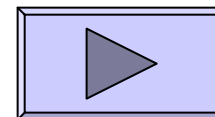
Add Row

Family Members (list all family members you wish to enroll or delete)				
Is spouse a State of Idaho employee? <input type="radio"/> YES <input checked="" type="radio"/> NO		Department: <input type="text"/>		
Family Member's Name (first, initial, last)	Social Security No.	Relationship to Applicant	Date of Birth (mm/dd/yyyy)	<input checked="" type="radio"/> Male <input type="radio"/> Female
Jonny <input type="text"/> , <input type="text"/> Johnson	519947258	spouse <input type="text"/>	01/01/1961	
<u>Add Row</u>				

When you are entering information for your dependents, you may need additional lines. Click the **Add Row**

and information boxes for another dependent will be displayed.

Next

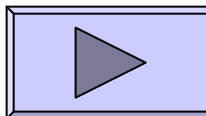


Press the Esc key to Quit

Family Members (list all family members you wish to enroll or delete)				
Is spouse a State of Idaho employee? <input type="radio"/> YES <input checked="" type="radio"/> NO Department: ▼				
Family Member's Name (first, initial, last) <div style="border: 1px solid black; padding: 2px;">Jonny</div> , <div style="border: 1px solid black; padding: 2px;"></div> <div style="border: 1px solid black; padding: 2px;">Johnson</div>	Social Security No. <div style="border: 1px solid black; padding: 2px;">519947258</div>	Relationship to Applicant <div style="border: 1px solid black; padding: 2px;">spouse ▼</div>	Date of Birth (mm/dd/yyyy) <div style="border: 1px solid black; padding: 2px;">01/01/1961</div>	<input checked="" type="radio"/> Male <input type="radio"/> Female
Family Member's Name (first, initial, last) <div style="border: 1px solid black; padding: 2px;"></div> , <div style="border: 1px solid black; padding: 2px;"></div> <div style="border: 1px solid black; padding: 2px;"></div>	Social Security No. <div style="border: 1px solid black; padding: 2px;"></div>	Relationship to Applicant <div style="border: 1px solid black; padding: 2px;">▼</div>	Date of Birth (mm/dd/yyyy) <div style="border: 1px solid black; padding: 2px;"></div>	<input type="radio"/> Male <input type="radio"/> Female
<div style="border: 1px solid black; padding: 2px; color: red; font-weight: bold;">Add Row</div>				

You will be able to add as many lines as you need for additional dependents.

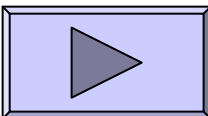
Next



Navigation - Within the form, you can click in the radio buttons to select items or you can click in the text boxes to type responses.

You can also use the Tab to advance between fields and the Shift + Tab to go back.

Next



Submit - When you have completed your form, press “Submit” at the top of the page.

When submitting a document you will be redirected to the “Statement of Understanding.”

At the bottom of the page, there are options to “Accept” or “Not Accept.”

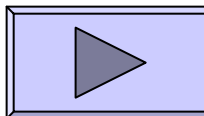
APPLICATION MUST BE SIGNED AND DATED

I Accept

I Do Not Accept

By clicking “I Accept” you are signing and dating the document.

Next



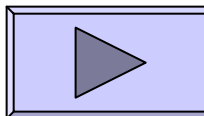
“Accept” to continue. Your form will be submitted and you will be taken to the Self-Service home page.

If you Do Not Accept you will be returned to the form and can cancel from there.

If you close (exit) at this point, a document will be created and can be accessed from the “Views” screen.

If you go into “Actions” and save or submit another form, the existing form in “Views” will be replaced.

Next

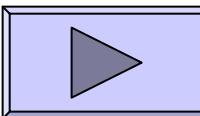


In order to view completed or saved documents go to:

Views



Next



Views



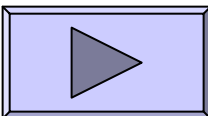
Views

Use the “Views” screen to:

Open and complete any health/dental/vision enrollment forms that were previously created and saved.

View previously saved or submitted health/dental/vision enrollment forms.

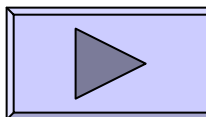
Next



The “Views” Screen

<u>Form</u>	<u>Effective Date</u>	<u>Plan</u>	<u>Type</u>	<u>Blue Cross ID</u>
Enrollment	05/01/2005	Self only	C	222222222222
Enrollment	07/01/2005		C	123456789123
Enrollment	07/01/2005		C	
Enrollment	05/01/2005	Self, spouse and 2+ children	C	555555555555

Next



Press the Esc key to Quit

<u>Form</u>	<u>Effective Date</u>	<u>Plan</u>	<u>Type</u>	<u>Blue Cross ID</u>
Enrollment	05/01/2005	Self only	C	222222222222
Enrollment	07/01/2005		C	123456789123

Fields in “Views”:

Form – Displays the type of form created. Currently only enrollment forms are available in Self-Service “Views.”

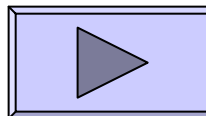
Effective Date – Displays the date the transaction will take effect. (For Open Enrollment forms this date is July 1st).

Plan – Displays the plan selected for that action.

Type – C = Change.

Blue Cross ID – Displays the ID number you entered when you were completing the form.

Next



THANK YOU for using the self-guided instruction for

Online Medical/Dental/Vision Enrollment

For additional help, contact your ISDA Human Resources staff
@ 332-8520

OR...

Use the link below to contact the Office of Group Insurance.

[The Office of Group Insurance](#)